



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

August 1994

AidsCARE at MCC Toronto

AidsCARE



Ministering to people infected and affected by HIV & AIDS at Metropolitan Community Church of Toronto.

Our mission at AidsCARE, a program of MCC Toronto (MCCT), is to provide spiritual, emotional, and practical resources to people living with or affected by HIV and AIDS. This is accomplished by a full time staff who work with a large number of effective and committed volunteers.

The AidsCARE program, since its inception in 1990, has been privileged in assisting over 460 clients of whom, unfortunately, over 325 have died. These are alarming statistics here in Canada, but we at MCCT feel very privileged for having had the opportunity to assist them through AidsCARE.

AidsCARE is a sub-program of Community Care which offers assistance to all people with life-threatening illnesses. Community Care has and continues to be partially funded by the Jean-Pierre Perreault Estate, for which we are most grateful. J.P. was a Canadian broadcaster who died of AIDS complications in 1989. His caring and compassion for others continues through AidsCARE.

The program itself is comprised of three major areas of client service. The "We Care" phone contact program enables all clients to be regularly contacted by a Volunteer. A primary function of these volunteers is to support their clients throughout their illness and to refer them to other AidsCARE programs, church or community services. This program allows volunteers who don't wish to do hands-on work but still wish to assist those living with AIDS by regularly phoning them.

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MCCT's Evan LeBlanc Receives Humanitarian Award

The Toronto Gay and Lesbian community holds its annual Pink Trillium Awards to celebrate and honor achievements and outstanding contributions to the community. The Pink Trillium Awards were established in August of 1992 and were based on San Francisco's Golden Cable Car Awards.

On February 27, 1994 the awards committee created the Honorary Pink Trillium Humanitarian Award. This award is decided upon by the College of Monarchs and is bestowed upon a person for outstanding community service.

Evan LeBlanc of the Metropolitan Community Church of Toronto was chosen as the 1994 recipient. Evan has contributed significantly to the Gay and Lesbian cause over a number of years. From 1985 to 1990, he was chaplain of Women's College Hospital in Toronto, where he first began assisting and caring for people with AIDS.



Evan LeBlanc

Since 1990 he has been working as coordinator of Community Care, including AidsCARE at MCCT. Through AidsCARE he coordinates a network of committed volunteers and responds to the practical and spiritual needs of people who are infected and affected by HIV and AIDS. He works with health care professionals, partners, families and friends providing support services to ensure everyone's comfort and well-

being.

Evan holds a bachelor of arts degree in sociology from St. Francis Xavier University in Antigonish, Nova Scotia. He also holds his master of divinity degree from St. Michael's College, University of Toronto School of Theology.

UFMCC AIDS Ministry joins the Pink Trillium Awards committee in congratulating Evan on his achievement. His commitment to the Gay and Lesbian community is one we can all truly celebrate.

The MCCT congregation was also nominated for three awards: Outstanding gay concert event, Outstanding community group, and Outstanding contribution to the community well-being.

In receiving the award, Evan LeBlanc stated, "I personally want to thank MCCT for enabling me to assist people with HIV, and therefore contributing to this award." ▼

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Our "Buddy Support" program offers both emotional and practical assistance. Each Buddy is able to offer a one-on-one direct service to their client. Buddies are matched with clients with the hope that they will develop a mutual friendship by spending quality time together. Buddies are also expected to remain a buddy with their client throughout their illness.

Our largest program here at AidsCARE/MCCT at present is our Care Team program. These teams consist of a Team Leader, an apprentice and ten volunteers. A Care Team which assists one client basically does whatever is required. This is our palliative approach to caring. These teams are extremely devoted to the personal and physical care of a client who chooses to die in their own home. Consequently, training for these teams is very extensive as volunteers need to be trained and equipped to deal with intense emotional and physical issues.

Although all volunteers are expected to be open-minded and willing to offer spiritual support, we here at MCCT have in place a Sojourners program. These volunteers are specifically trained to deal with issues around death and dying and are trained to offer clients Communion, Anointing and to pray with them.

All our resources work in partnership with health care professionals, families, friends, and community agencies. Together we are striving for the care and well-being of each individual.

Our AidsCARE program is managed by Evan LeBlanc, a full-time paid staff who works with a network of committed volunteers. Although most of the volunteers come from MCCT we serve a significant number of clients from the Gay and Lesbian Community outside of the Church.

Our ministry here at MCCT reaches far beyond our church walls. AidsCARE is but one example of how MCCT is dedicated to bringing the good news of God's love to the community. Part of our uniqueness here at AidsCARE/MCCT is that over 60% of our clients are not church related or at least don't begin that way, and yet over 70% of all volunteers are from within the church.

A significant portion of what we do at AidsCARE is the day to day phone calls, regular workshops, support groups, and special events. One of those special events is our annual AIDS Vigil.

MCCT Annual AIDS Vigil

Christ has died.

Christ has risen.

Christ will come again.



Tree of Life

At MCCT AidsCARE we celebrate the lives of all those who have died from complications related to AIDS. Our annual vigil weekend is comprised of worship services, social times and workshops.

The opening service on Friday evening is a generic Memorial Service which invites all of the families, lovers, and friends of clients who have died. The invitation also goes out to the community at large. Our intent is to enable people to celebrate and remember those loved ones. It also gives an opportunity for those who were not able to attend a specific funeral or even those people who may regret not having had a service for their loved one may use this time to do so. "I didn't want to come, but now I really feel I was able to say good-bye."

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World AIDS Day 1994: 'AIDS and The Family'

The World Health Organization (WHO) has chosen "AIDS and the Family" as its theme for World AIDS Day 1994, reflecting the fact that this year is the International Year of the Family. In the coming months, and in special events on and around December 1, WHO urges the world to focus especially on how families are affected by AIDS, how families can become more effective in both AIDS prevention and care, and on how families can contribute to global efforts against the disease.

"Families whose bonds are based on love, trust, nurture and openness are best placed to protect their members from infection and to give compassionate care and support to those affected by HIV and AIDS," says Dr. Michael Merson, Executive Director of WHO's

Global Programme on AIDS (GPA). "Families are also the place where the young learn to practice safe behavior and reject discrimination. If we all do our utmost within our families of choice - whether they are the people who share our home or those who share our planet - we shall help immeasurably to defeat AIDS in every family."

In the mid-1990's, many families are already disrupted by political upheaval, civil unrest, migration, and other factors. For millions of them, the human immunodeficiency virus (HIV) is an additional burden and growing threat.

In early 1994, according to GPA estimates, around 13 million women, men and children were living with HIV and AIDS worldwide. The problem would be devastating enough if limited to these

people alone, but it also has enormous repercussions on their families. Apart from the huge emotional loss of people dear to them, the families will also face a loss of income as breadwinners sicken and die; a loss of care, nurturing and stability; and in rural areas - as AIDS takes its toll on the labor available to till family plots - even a loss of food supply.

Increasingly, it is children who are paying the price of AIDS - not only through the loss of their parents, but also by becoming infected themselves. In 1993 about 700,000 children were born to HIV-positive women in Africa alone. Most of those born infected face an early death; those not infected will soon be orphaned. And if grandparents

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This service also encourages families, lovers and friends to share their stories. "I couldn't speak at my lover's funeral and I felt badly. It feels good to speak tonight."

A long tradition at MCCT is to display our "Tree of Life". This bare tree is situated at the front of the sanctuary beginning Friday evening. Each person entering the sanctuary is presented with three paper leaves. Everyone is encouraged to write the names of those they mourn or someone who is sick with HIV.

Throughout the weekend and for several weeks following, our tree of life continues to grow.

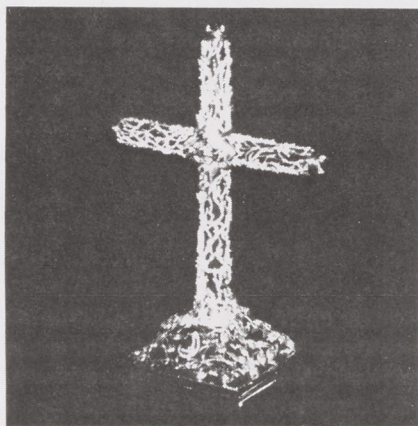
We at AidsCARE MCCT also have produced two large twelve foot AIDS Memorial Quilt panels naming all those who have died whom we were able to assist during their illness. Several other Quilt panels from the National Names Project were displayed at our 1993 service.

Part of our celebration is having fun. On Saturday evening we put on a concert talent show and invite all persons with AIDS and their friends. This form of spiritual laughter we have found to be one of God's great medicines. This is truly a celebration of those who are still struggling with AIDS.

Each year we invite guest speakers. We were privileged to have Rev. Stephen Pieters share with us his story. Storytelling is such a gift that we can share with others.

In February of 1993, MCCT celebrated its 20th anniversary. Part of our celebrations were bestowed on us with the presence of Rev. Elder Troy Perry, founder and moderator of UFMCC, and Rev. Bob Wolf, founder of MCCT.

Within one of our services, on February 28, MCCT/AidsCARE was presented with a very special and exquisite gift. This was an anonymous memorial gift which has become known as the AIDS Cross.



This cross, as described by the donor, "is an ancient symbol of suffering, sacrifice and love...This cross is crafted of precious gold, silver, and jewels to radiate love for all people and to express the gift of AIDS with beauty and grace."

This beautifully crafted cross is used at most of our AIDS funerals, memorials and religious events. It has become the lasting memorial to many of our people living with AIDS here at MCCT.

In Canada, especially here at MCCT, we are very privileged to be able to reach out and help people who are struggling with AIDS and to help people who are affected by this tragic disease.

God has indeed blessed us all, HIV or not. Christ did indeed die for all of us, rose for all of us and we will meet again. ▼

U.S. National Skills Building Conference

It's time to make plans to attend the premier U.S. AIDS conference for community-based organizations. This year the National Skills Building Conference will convene at the Atlanta Hilton and Towers on October 29 - November 1. The theme for this year's conference is "Yesterday's Dream, Tomorrow's Vision."

Scheduled keynote speakers include Johnnetta B. Cole, Ph.D., the first African-American woman appointed as President of Spelman College; U.S. Surgeon General Joycelyn Elders, M.D.; and Coretta Scott King, widow of Martin Luther King, Jr.

The National Skills Building Conference (NSBC), sponsored through a unique partnership between the AIDS National Interfaith Network (ANIN), the National Association of People with AIDS (NAPWA), and the National Minority AIDS Council (NMAC), is the only national management training conference exclusively designed to enhance the effectiveness and efficiency of individuals and organizations involved in the fight against HIV/AIDS. It is also the largest gathering of front-line AIDS workers in the U.S.

The 1993 conference was an overwhelming success. Nearly 1,300 individuals met in New Orleans to further develop their professional skills and expand their network of professional and personal colleagues.

A record number of participants are expected to attend this year's meeting. The three and one-half day conference has been designed to address the professional, personal, and spiritual needs of staff, directors and volunteers from community-based AIDS services organizations. Conference workshops and seminars will examine issues in a variety of areas, including fundraising, strategic planning, communications, and management issues. In addition, Critical Issues Institutes will provide a thorough look at some of today's most relevant HIV/AIDS issues, including AIDS Housing; HIV/AIDS Treatment Issues; AIDS, Medicine and Miracles; and individual institutes for Women, Youth, African Americans, Asian/Pacific Islanders, Latinas/os and Native Americans.

Registration for members of one of the three sponsoring agencies is \$240 per person prior to September 15. Registration for nonmembers is \$300. Special Issues Institutes are an additional \$75.

For registration information and packets, contact the NSBC office at 300 Eye St., NE, Suite 400, Washington, DC 20002-4389, or call (202) 546-6119. There will be no on-site registration. ▼

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ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, please write: ALERT, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.

Treatment Briefs

By David Gold

[The following three articles are reprinted with permission from GMHC Treatment Issues, Vol. 8, #6, July 1994]

Sulfasalazine Studied as HIV Treatment

Researchers from Cabrini Medical Center in New York City report that four HIV-positive patients given sulfasalazine (SFSZ) had substantial increases in CD4 Counts (Journal of Rheumatology 1994; 21:662-664). SFSZ is an approved treatment for a number of autoimmune diseases including rheumatoid arthritis. The four patients were all treated for Reiter's syndrome, an inflammatory joint disease that has been associated with HIV infection. After treatment for the syndrome, doctors noticed that mean CD4 cells increased

in the patient group from 315 to 542. CD4/CD8 ratios did not change except in one patient, in whom it doubled. No antiretroviral treatment was used in three of four patients. The effect of SFSZ on viral load was not measured. Although no side effects were reported, SFSZ can be suppressive to bone marrow. With the results from this very small, unblinded study, the researchers are currently working with a manufacturer to develop a larger trial of SFSZ in people with HIV.

D4T Approved By FDA

The U.S. Food and Drug Administration has cleared the anti-HIV drug d4T (brand name: Zerit) for marketing less than a month after its Antiviral Advisory Committee gave the drug a general nod of approval. d4T is a nucleoside analog similar in structure to AZT. It received formal approval for use in people with advanced HIV disease who are intolerant to other approved therapies, have experienced significant clinical or immunological deterioration while receiving these therapies or for whom such therapies are contraindicated. The recommended dose is 40 mg twice a day.

According to Bristol-Myers Squibb, the manufacturer of d4T as well as ddI, the drug will be in pharmacies by mid-July. Its wholesale cost amounts to \$6.22 per day. This is about 15 percent less than the cost of AZT.

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or other relatives cannot or will not step in with the family support needed, the children may have to leave home and fend for themselves.

Our concept of family is not limited to relationships of blood, marriage, sexual partnership or adoption. It extends to a broad range of groups whose bonds are based on feelings of trust, mutual support and a shared destiny. This means that groups of street children, sex worker collectives, and self-help circles of drug injectors are "families." So are religious communities or support groups of people living with HIV and AIDS, and networks of governmental, nongovernmental and intergovernmental organizations. And any company - from the corner shop to the largest global corporation - can regard its workforce as a family to protect and support.

By early 1994, since the start of the pandemic, an estimated 15 million men, women, and children had been in-

fectured with HIV. Every day, 5,000 new infections occur, and the cumulative total of infections could more than double by the end of the century unless the world devotes far more energy and resources to AIDS prevention.

Designed to raise public awareness of AIDS and spur the response, World AIDS Day was observed for the first time on December 1, 1988. The most recent themes were "Sharing the Challenge" (1991), "A Community Commitment" (1992), and "Time to Act" (1993).

Hundreds of thousands of people worldwide took part in the last year's events and activities, which included concerts, interfaith worship services, speeches, marches, seminars, workshops, radio features, street theater, and special condom promotions.

For more information, contact: American Association for World Health, 1129 - 20th St., N.W., Washington, DC; (202) 466-5883. ▼

Long-Term Asymptomatics

Researchers in Amsterdam followed 61 HIV-positive men who remained asymptomatic for at least seven years and compared them with 142 men who progressed to AIDS (Journal of Infectious Diseases 1994; 169:1236-43). Long-term asymptomatic HIV infection was associated with high levels of antibodies to HIV core proteins and the absence of hepatitis B markers. No association with unsafe sex practices and recreational drug use was found.

Additionally, a test given to measure levels of psychological coping found no association between such skills and slower disease progression.

God Is Greater than HIV/AIDS!